Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

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Date Stamp

CALIFORNIA 2001/02 FORM **460**

Page 1 of 11

For Official Use Only

Statement covers period
from 07/01/2006
through 09/30/2006

Date of election if applicable: (Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [ ] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [X] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [X] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [X] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

Amending Sch F - adding accrued

3. Committee Information

I.D. NUMBER 1280756

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Citizens To Save The Rose Bowl, Yes On Measure A

STREET ADDRESS (NO P.O. BOX)
1212 S Victory Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	(818) 260-0669

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
1212 S Victory Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Kinde Durkee

MAILING ADDRESS
1212 S Victory Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	(818) 260-0669

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/25/2006 (Date) By Kinde Durkee (Signature of Treasurer or Assistant Treasurer)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

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Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Of Pasadena, District: 00

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Citizens to Save the Rose Bowl, Yes on Measure A

BALLOT NO. OR LETTER	JURISDICTION	☒ SUPPORT ☐ OPPOSE
A	City of Pasadena	

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2006 through 09/30/2006

CALIFORNIA FORM **460**

Page 3 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Citizens To Save The Rose Bowl, Yes On Measure A

I.D. NUMBER: 1280756

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTALT O DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 8,740.00	$ 39,790.00
2. Loans Received	*Schedule B, Line 7*	600.00	13,880.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 9,340.00	$ 53,670.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 9,340.00	$ 53,670.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 11,473.09	$ 54,452.09
7. Loans Made	*Schedule H, Line 7*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 11,473.09	$ 54,452.09
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	1,616.25	1,616.25
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 13,089.34	$ 56,068.34

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 2,213.61
13. Cash Receipts	*Column A, Line 3 above*	9,340.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	11,473.09
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 80.52

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — *See instructions on reverse* — $ _____

19. Outstanding Debts — *Add Line 2 + Line 9 in Column B above* — $ 15,496.25

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$ _____	$ _____
21. Expenditures Made	$ _____	$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$ _____
___/___/___	$ _____
___/___/___	$ _____
___/___/___	$ _____
___/___/___	$ _____
___/___/___	$ _____

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

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from 07/01/2006
through 09/30/2006

CALIFORNIA FORM 460

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I.D. NUMBER: 1280756

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Nationwide Printing Services 15421 Red Hill Av #B Tustin CA 92780	LIT	0.00	1,616.25	0.00	1,616.25
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $	0.00 $	1,616.25 $	0.00 $	1,616.25

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... INCURRED TOTALS $ 1,616.25
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... PAID TOTALS $ 0.00
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... NET $ 1,616.25 (May be a negative number)